

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90093 007 ****61.25

DOCUMENT # 743480

1. Entity Name

SPINDRIFT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2198 PRINCETON STREET # 20
 SARASOTA FL 34237
 US

2198 PRINCETON STREET # 20
 SARASOTA FL 34237
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2196657

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIL, WARREN
C/O MA-CON, INC.
2198 PRINCETON STREET # 20
SARASOTA FL 34237

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	HUDSON, TRAMMELL	
STREET ADDRESS	1418 LADUE LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GAGNON, MARIE	
STREET ADDRESS	460 BCH RD A-2	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, NANCY	
STREET ADDRESS	1830 STRATFORDS DR	
CITY-ST-ZIP	OWENSBORO KY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Wilson, PD **NANCY WILSON** 3/14/02 941-366-8480
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)